

-continued

```
<213> ORGANISM: Artificial Sequence
<220> FEATURE:
<221> NAME/KEY: source
<223> OTHER INFORMATION: /note="Description of Artificial Sequence:
        Synthetic peptide"
```

```
<400> SEQUENCE: 27
```

```
Thr Gly Gly Gly Gly
1           5
```

```
<210> SEQ ID NO 28
<211> LENGTH: 5
<212> TYPE: PRT
<213> ORGANISM: Artificial Sequence
<220> FEATURE:
<221> NAME/KEY: source
<223> OTHER INFORMATION: /note="Description of Artificial Sequence:
        Synthetic peptide"
```

```
<400> SEQUENCE: 28
```

```
Ser Gly Gly Gly Gly
1           5
```

1. A method of decreasing the formation of new heterotopic ossification lesions in a human subject with FOP, the method comprising administering to the human subject a therapeutically effective amount of an Activin A antagonist, thereby decreasing the formation of new heterotopic ossification lesions in the human subject.

2. The method of claim 1, wherein the formation of new heterotopic ossification lesions is prevented in the human subject.

3. A method of preventing formation of new heterotopic ossification lesions in a human subject with FOP, the method comprising administering to the human subject a therapeutically effective amount of an Activin A antagonist, thereby preventing the formation of new heterotopic ossification lesions in the human subject.

4. The method of claim 1, wherein the human subject exhibits a decrease in number of new heterotopic ossification lesions of at least 5%, at least 10%, at least 20%, at least about 25%, at least 30%, at least 40%, at least 50%, at least 60%, at least 70%, at least 80%, at least 90%, at least 5%-90%, at least 10%-90%, at least 20%-90%, at least 30%-90%, at least 40%-90%, at least 50%-90%, at least 60%-90%, at least 70%-90%, at least 80%-90%, at least 5%-80%, at least 5%-70%, at least 5%-60%, at least 5%-50%, at least 5%-40%, at least 5%-30%, at least 5%-20%, or at least 5%-10%, relative to a control.

5. The method of claim 1, wherein the human subject exhibits a decrease in new heterotopic ossification lesion volume by at least 5%, at least 10%, at least 15%, at least 20%, at least 25%, at least 30%, at least 40%, at least 50%, at least 5%-50%, at least 10%-50%, at least 20%-50%, at least 30%-50%, at least 40%-50%, at least 5%-40%, at least 5%-30%, at least 5%-20%, or at least 5%-10%, relative to a control.

6. The method of claim 1, wherein the human subject exhibits a decrease in a rate of new heterotopic ossification lesion growth and mineralization of at least 5%, at least 10%, at least 20%, at least 30%, at least 40%, at least 50%, at least 5%-50%, at least 10%-50%, at least 20%-50%, at

least 30%-50%, at least 40%-50%, at least 5%-40%, at least 5%-30%, at least 5%-20%, or at least 5%-10%, relative to a control.

7. The method of claim 1, wherein the human subject exhibits a decrease in new heterotopic ossification lesion intensity of at least 5%, at least 10%, at least 20%, at least 30%, at least 40%, at least 50% at least 5%-50%, at least 10%-50%, at least 20%-50%, at least 30%-50%, at least 40%-50%, at least 5%-40%, at least 5%-30%, at least 5%-20%, or at least 5%-10%, relative to a control.

8. The method of claim 1, wherein the human subject exhibits a decrease in total lesion activity (TLA) of the heterotopic ossification lesions of at least 5%, at least 10%, at least 15%, at least 20%, at least 25%, at least 30%, at least 40%, at least 50%, at least 60%, at least 70%, at least 80%, at least 5%-80%, at least 10%-80%, at least 20%-80%, at least 30%-80%, at least 40%-80%, at least 50%-80%, at least 60%-80%, at least 70%-80%, at least 5%-70%, at least 5%-60%, at least 5%-50%, at least 5%-40%, at least 5%-30%, at least 5%-20%, or at least 5%-10%, relative to a control.

9. The method of claim 1, wherein the human subject exhibits a decrease in daily average pain-NRS of about 0.2-fold, 0.5-fold, 1-fold, 1.5-fold, 2-fold, 3-fold, 0.2 to 3-fold, 0.5 to 3-fold, 1 to 3-fold, 1.5 to 3-fold, 2 to 3-fold, 2.5 to 3-fold, 0.2 to 2.5-fold, 0.2 to 2-fold, 0.2 to 1.5-fold, 0.2 to 1-fold, or 0.2 to 0.5-fold, relative to a control.

10. The method of claim 4, wherein the control is an average measurement or value gathered from a population of human subjects having FOP who have not been administered the Activin A antagonist.

11. The method of claim 1, wherein the therapeutically effective amount of an Activin A antagonist reduces the occurrence of painful flare-ups in the human subject, relative to a control.

12. The method of claim 1, wherein the new heterotopic ossification lesions are analyzed by a Positron emission tomography (PET) scan, a computed tomography (CT) scan, or a combination thereof.